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REPORTS TO THE ECONOMIC AND SOCIAL COUNCIL

Report of the Executive Director

PURPOSE

The present report is prepared in compliance with General Assembly resolutions 53/192, 50/120 and 47/199 and Economic and Social Council resolutions 1994/33 and 1998/27.

EXECUTIVE BOARD ACTION

The Executive Board may wish to take note of the present report and transmit it, with its comments, to the Economic and Social Council.

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Introduction

1. This report takes into account Executive Board decision 98/5 on the guidelines for presentation of reports to the Economic and Social Council and is in conformity with the joint format agreed to with UNDP and UNICEF. The consolidated list of issues central to improved coordination of operational activities has been prepared in consultation with the United Nations Development Group (UNDG) as called for in paragraph 3 of the same decision.

I. IMPLEMENTATION OF THE REFORM PROGRAMME OF THE SECRETARY-GENERAL AND THE PROVISIONS OF THE COMPREHENSIVE TRIENNIAL POLICY REVIEW

A. Structure and mechanisms

2. UNFPA participates fully in the efforts of the UNDG and its Executive Committee to help implement United Nations reforms at the country, regional and global levels. The Fund's constructive commitment to the reform process is in parallel with its resolve to ensure that the concerns of UNFPA's country-driven programme priorities are adequately addressed. UNFPA is committed to examining what works and why, and to addressing those issues that need improvement. The Fund therefore accords high priority to systematically documenting and sharing information on lessons learned and best practices related to coordination. UNFPA believes that coordination should be pursued as a means to more effective programmes and better and more timely delivery of those programmes. Coordination, therefore, must be judged by the concrete results it produces at the country level. There is need to ensure that the processes are not too demanding in terms of staff time and that both the process and product created are subscribed to by the entire country team and by national counterparts.

PROGRAMME-RELATED ISSUES

B. Country Strategy Note (CSN), Common Country Assessment (CCA), the United Nations Development Assistance Framework (UNDAF) and collaborative programming

3. A major part of the UNDG work has focused on the pilot phase of the UNDAF, which was reviewed and assessed by the General Assembly during its consideration of the triennial policy review (TPR) at its fifty-third session. The balanced and productive resolution from the General Assembly (53/192) reflects the careful and collaborative preparation of the report of the Secretary-General, which included inputs from the UNDG. Significant issues contained in the resolution include the emphasis on national ownership; follow-up to the United Nations conferences of the 1990s; a comprehensive definition of operational activities; reference to the right to development, enabling environment, the role of the civil society and NGOs; and a strong emphasis on funding for operational activities. UNFPA will participate fully in the efforts of the UNDG and United Nations Department

of Economic and Social Affairs (DESA) in the elaboration of the Management Plan for the implementation of resolution 53/192.

4. UNFPA has supported, and participated, in the efforts of the UNDG to implement the UNDAF Action Plan, producing, among other things, the CCA and UNDAF guidelines, both of which are very much a work in progress. Specific issues still need to be clarified and the work needs to be spaced out in a manner designed to ensure that procedures are not rushed into place. The Fund has consistently stressed that developing guidelines for the CCA and UNDAF and establishing a corresponding global support system are vitally important activities that need a strong country focus and the complete involvement of national authorities if they are to be seen as legitimate and are to be operationally successful. The Fund has therefore suggested that field offices should be provided with additional guidance on key issues such as involvement of specialized agencies; support to field offices for the UNDAF process; and the need to clarify the timetable and plan on how the CCAs and UNDAFs will be taking place.

5. It is necessary to find ways to reduce the additional workloads created by these new processes and instruments, both on the programme countries and on UNFPA field staff, and to simplify existing programme requirements. In short, the aim should be to reduce the workloads of both national counterparts and field offices as well as the Fund's small headquarters staff, which must meet ever-increasing requirements for meetings and reporting. To achieve this aim the new instruments must be strong strategic planning tools and not simply an agglomeration of existing programmes and projects. Also, the value added of the new instruments can be enhanced when they are applied at the start of a programme within the context of a fully harmonized programme cycle.

6. The UNDAF pilot phase has highlighted the value of synergy and complementarity. Collaborative programming and reviews in the past have not been fully documented, and consultations, peer reviews and other collaborative activities often took place on an informal basis. Some sporadic references are found in the annual reports of Resident Coordinators and the reports of individual agency representatives, but there is no systematic record of such collaboration. The UNDAF places such collaboration in the forefront, and it should help to make the planning and implementation of joint exercises more transparent and visible. UNFPA strongly supports this opening up of opportunities for sustained programme collaboration.

7. The Fund has made a concrete effort to simplify programming processes and instruments and has produced new programme guidelines that ensure that such processes do not duplicate those being put in place under the Secretary-General's reform initiative. Indeed, they foresee the use of CCAs and UNDAFs as the starting point for the programming. UNFPA's ongoing and new country programmes have all taken into account General Assembly resolutions on harmonization and coordination.

8. Certain aspects of the UNDAF will require continued monitoring: How can UNDAF bring about more effective and timely programme delivery? How will the role of Governments firm up and evolve at both the inception and assessment stages of the programme? How will the process relate in practical terms to CSNs? UNFPA sees a need to efficaciously examine how the extra workloads created by the CCAs, CSNs and UNDAFs, both on the field and headquarters staff as well as national counterparts, can be reduced. Programming procedures and instruments in all agencies will have to be correspondingly simplified to ease the process. UNFPA attaches great importance to making these processes as inclusive as possible, extending to all partners, including civil society and NGOs. It also emphasizes the need for seeking how the processes can carry forward the coordinated follow-up to United Nations conferences, especially in the use of the products produced by the task forces of the Administrative Committee on Coordination (ACC) established by the Secretary-General to promote implementation of the programmes of action of those conferences. UNFPA considers system-wide support to country teams to develop data systems and indicators to help establish baseline data and monitoring of conference goals as vital in the entire process.

C. National execution

9. Since most of the developments within UNFPA in the area of national execution were elaborated on in the report of the Fund to the ECOSOC in 1998 for the purpose of the TPR, the major developments are only recapitulated below for easy reference and update. These are as follows:

(a) UNFPA has prepared guidelines on criteria for assessing potential executing agencies, based on an assessment of the Fund's experience with different execution modalities. These criteria are applicable to international and regional institutions as well as to national institutions, both governmental and non-governmental.

(b) The Fund's new programming guidelines include an assessment of national capacity for programme development and implementation during the Country Population Assessment (CPA) stage and provides for further discussion of institutional arrangements, including execution modalities, during the formulation and approval of country programmes.

(c) The UNFPA Technical Support System (TSS) is designed to build and promote national capacities, through utilizing national experts as well as by providing technical support to further develop national capabilities.

(d) An independent study, which UNFPA presented to the Executive Board at the annual session 1998, identified ways to increase absorptive capacity and financial resource utilization in population programme activities.

(e) The UNDG sub-group on programme operations has been reviewing this independent study on the recommendation of the UNFPA Executive Director, focusing in particular on the issues of national capacity and national execution.

D. Monitoring and evaluation

10. The UNDAF provides a critical opportunity for the organizations of the United Nations system to advance collaboration on monitoring and evaluation. It not only provides the context for monitoring the performance of the United Nations system in specific countries but also enables more coherent monitoring of the follow-up to United Nations conferences. The assessment of the UNDAF pilot phase is an important example of interagency collaboration in monitoring and evaluation. UNFPA staff contributed to all facets of the assessment as well as to the drafting of the report on the assessment.

11. UNDP, UNICEF and UNFPA contributed to the revision of the UNDAF guidelines pertaining to monitoring and evaluation. There was agreement that requirements and mechanisms be kept simple and practical and that the national Governments and country teams not be overburdened. The guidelines are being circulated to members of the Interagency Working Group on Evaluation for review before they are put into final form.

12. UNFPA participates actively in the work of the Interagency Working Group on Evaluation, which is the only interagency technical body in the United Nations system that provides a forum for technical exchange on substantive as well as methodological work in evaluation. Some 30 entities in the United Nations system, including the United Nations, its funds and programmes, specialized agencies, regional banks and commissions, and the World Bank, attend its annual meetings, for which UNDP serves as secretariat. At its last annual meeting, some of the topics on the agenda were: capacity development in monitoring and evaluation; results-based management; knowledge and learning; and harmonization of monitoring and evaluation. UNFPA made a presentation on the evaluation of modalities for executing UNFPA-supported programmes and the study on absorptive capacity.

13. The Fund has also participated in all the interagency efforts on harmonization and has collaborated closely with UNICEF, which is the lead agency for revising the monitoring and evaluation sections of the Consultative Committee on Programme and Operational Questions (CCPOQ) Operational Activities Reference Manual, using as a basis the 1996 common guidelines for monitoring and evaluation of the Joint Consultative Group on Policy (JCGP). Completion of this work is awaiting the outcome of the revision of the UNDAF guidelines and the consensus on monitoring and evaluation provisions.

14. There have been other instances of UNFPA's collaboration with United Nations partners in the area of monitoring and evaluation. For example, UNICEF and UNFPA participated in a workshop on Performance Management and Evaluation in October 1998 convened by the Development Assistance Committee (DAC) Working Party on Aid Evaluation and organized by the Swedish International Development Agency and UNDP. All three organizations (UNDP, UNICEF, UNFPA) benefitted from the meeting in their ongoing efforts to assimilate results-based management approaches. In 1998, UNFPA field staff participated in two UNDP training events on results-based monitoring and evaluation in Pakistan and the Syrian Arab Republic. The training module developed for these courses was later adapted for use in two training events for UNFPA headquarters staff in November 1998. UNICEF and UNFPA are participating in the recently launched UNDP EVALNET, a network of staff from both field and headquarters who volunteered to serve as resource persons for evaluation work. Both agencies attended the orientation meeting for the first group of volunteers in December 1998. UNDP, UNICEF and UNFPA have agreed to launch two joint evaluation exercises in 1999. One will be a joint country programme evaluation to examine how each organization has contributed to national capacity-building; the other will be a thematic study of collaboration with NGOs.

15. UNFPA's new programming guidelines mandate the use of the logical framework (logframe) analysis, which emphasizes the use of baseline data and indicators for monitoring the achievement of goals, purposes and outputs. The use of the logframe provides a common language for dialogue with other partners because its concepts are well known, although there may be slight variations in terminology from organization to organization. UNFPA's revised evaluation guidelines mandate compulsory country programme evaluations to assess programme performance and achievements.

16. Current UNFPA plans include promotion of learning and sharing of knowledge through the Fund's various interdivisional theme groups at headquarters and particularly through UNFPA Country Support Teams (CSTs). In light of their technical assistance role and their regular firsthand contact with field-level operations, CST advisers are particularly well placed to promote the synthesis and dissemination of lessons learned, to identify and disseminate best practices and to continually assess the impact of operational activities at the field level.

17. UNDP, UNICEF and UNFPA provided inputs at various stages, both individually and jointly, to the Impact Evaluation of United Nations Operational Activities for Development mandated by General Assembly resolution 50/120, which was an integral part of the preparation for the TPR in 1998. The exercise was managed by DESA and undertaken by independent consultants. The focus of the study was the capacity building in United Nations operational activities for development from 1980 to1995. As a pilot exercise, it has provided lessons learned for future system-wide reviews and evaluations. It has also served to highlight the importance of institutional memory and of the establishment and use of performance indicators.

E. Gender balance, gender mainstreaming and poverty eradication

18. This is dealt with in some detail in the section on coordinated follow-up to conferences, in particular in the subsection on the follow-up to the International Conference on Population and Development (ICPD).

RESIDENT COORDINATOR SYSTEM

F. Strengthening of the Resident Coordinator system

19. In order to strengthen the Resident Coordinator system, the UNDG is actively working, and making progress, on a number of issues. For example, initiatives are under way for widening the pool of Resident Coordinators and for simplifying the process of selection. A systematic procedure for the appraisal of the performances of Resident Coordinators has been put into operation, and the principle that all country team members must "wear two hats" is being operationalized to the extent possible.

20. Among the issues that remain on the table for discussion is the need to further differentiate between the responsibilities of the Resident Coordinator and those of the UNDP Resident Representative. It is important to ensure full participation in, and support of, the Resident Coordinator system by all members of the United Nations system, stressing that all members of the Resident Coordinator system at the country level are representatives of their own organizations as well as full members of the country team. Continued attention is also required by the UNDG to such issues as the selection, appraisal and training of Resident Coordinators.

21. Among his reform measures, the Secretary-General decided that all United Nations funds, programmes and information centres should be part of a single office located in a UN House. The Secretary-General has endorsed the definition of a UN House, and the UNDG is actively working on establishing more such UN Houses.

22. Guidelines for common services are also being developed by the UNDG. The views of UNFPA, as expressed within the UNDG and in various other fora, is that there are likely to be financial implications for some of these initiatives that will have to reviewed carefully. The Fund feels that it is most important to develop common services in a business-like manner so as to ensure the high-quality and timely delivery of services. This has to be accompanied by a management and oversight system that can guarantee transparency and accountability, which in turn can ensure that the process remains constructive and financially sound.

RESOURCES

G. Results-based multi-year funding framework for UNFPA

23. Core resources are the bedrock of funding for operational activities. The overriding concern of all the UNDG partners is to secure a more stable basis for and to increase the funding of operational activities. This is being addressed through the United Nations inter-governmental process, which is seeking an improved modality for pledging. Addressing resource mobilization issues is one of the most important aspects of United Nations reform, as well as a major concern of the Executive Boards of the funds and programmes. For UNFPA, discussions on a UNFPA funding strategy in its Executive Board have been facilitated by the fact that UNFPA is seen to have a clear and focused mandate and programme priorities and a clear and focused resource allocation system based on a country's level of achievement of ICPD goals.

24. The Executive Board, by its decision 98/24 on the UNFPA funding strategy, instructed UNFPA to develop a multi-year funding framework integrating programme objectives, resources, budget and outcomes, with the objective of increasing core resources. In view of the importance of the multi-year funding framework, UNFPA has established an inter-divisional working group within the Fund to work on the framework and to prepare the conference room paper that will be submitted to the Executive Board at its second regular session in 1999. The working group has undertaken an extensive consultative process with others in the United Nations system as well as with national development cooperation agencies to learn from their experiences in results-based approaches. The group has also convened several highly productive workshops, both in-house and with UNFPA's partners in the United Nations system, and is making sure that both headquarters and field offices are involved.

25. Putting the multi-year funding framework into operation will be complex and will require shifts in thinking by all concerned. UNFPA already has many of the elements of the framework in place. What is needed is to link these elements with a comprehensive framework of results and resources. This will be done incrementally through an evolving four-year corporate plan that specifies both baselines at the beginning of the period and benchmarks to be achieved by the end of the period. This will be followed by an assessment of the resources required to operationalize the corporate plan translated into a multi-year, annual resources commitment plan containing indications from donors and others on the likely level of resources that would be made available to UNFPA for successive years of the multi-year funding framework.

II. INTEGRATED AND COORDINATED IMPLEMENTATION OF AND FOLLOW-UP TO MAJOR UNITED NATIONS CONFERENCES AND SUMMITS

A. International Conference on Population and Development
B. Fourth World Conference on Women

26. As mandated by the General Assembly, the review of the implementation of the ICPD Programme of Action is under way. As part of a preparatory process that will culminate in a Special Session of the General Assembly, extensive meetings and studies have been undertaken, including a series of round-table and technical meetings organized by the UNFPA during 1998; consultations organized by the United Nations regional commissions; a global field enquiry conducted by UNFPA in mid-1998 in which information was collected from 114 developing countries and countries with economies in transition through UNFPA field offices, and to which 18 donor countries also responded; progress reports from United Nations specialized agencies and other United Nations organizations; and reviews, including case studies, conducted by international organizations, NGOs and academic institutions.

27. UNFPA is holding a forum to consider the operational and technical implementation of the Programme of Action at The Hague, Netherlands, in February 1999. The forum will examine the progress made and the constraints encountered during the first 4-5 years of the ongoing implementation of the 20-year ICPD Programme of Action. The review process has come up with lessons learned and constraints encountered in the implementation of the ICPD Programme of Action in the mandated areas of UNFPA interventions. This information will help the Fund to strengthen its programmes in the future.

Policy formulation

28. The main constraints faced in the implementation of the Programme of Action have been the limited financial and human resources that are available. This is reinforced by the competing priorities for those same scarce resources. For example, competing priorities have impeded some governments from integrating population with development strategies as envisioned by the Programme of Action. In some developing countries and countries with economies in transition, population issues continue to be seen as independent of, or secondary to, economic growth or poverty alleviation. Research shows that 98 per cent of funds allocated for development are spent on sectors other than population. Population issues at the core of the ICPD vision -- especially the empowerment of women, schooling of girls, and integration of population into development -- have sometimes been overshadowed by what appear to be more immediately pressing economic or environmental concerns. There is, therefore, more need for awareness creation and advocacy activities on the links between population and other development issues.

29. A significant number of countries have cited the limited institutional infrastructure or lack of politically empowered sectoral bodies capable of addressing integrated population and development issues as constraints. Many countries in Africa and Asia have reported that a lack of coordination between ministries or institutions has made incorporating the policy aspects of the Cairo agenda into their Governments' overall strategies for development extremely challenging.

30. Many developing countries and countries with economies in transition reported that implementation of the ICPD Programme of Action was constrained by lack of systematic mechanisms for monitoring ICPD goals, the difficulties in obtaining disaggregated reproductive health and basic social indicators, and/or inadequate or insufficient data and analytical systems. For example, many of the economies in transition, especially the newly independent states, lack census data and have only a limited capacity to undertake a census.

31. Another significant constraint appears to be that there is still an inadequate level of knowledge and understanding of the concepts of reproductive rights and health as described in the ICPD Programme of Action, partly because it has been insufficiently disseminated. Even if there has been an understanding of the aims of the ICPD, getting political commitment to institute policies reflecting a human-rights approach has sometimes been difficult.

32. Reproductive health policy also appears to continue to be shaped primarily by health-sector organizations and professionals to the exclusion of other sectors and disciplines. The result has been inadequate attention to the social, economic and political dimensions of sexual health and reproductive rights while little attention has been given to the psycho-social, gender and emotional aspects of individual health and well-being. Political unrest and frequent turnover of civil servants have also been factors in various countries, and these have hindered the continuity of policy development, implementation and monitoring.

Programme redesign

Provision of universal access to reproductive health services, including family planning and sexual health; reduction in infant, child and maternal mortality.

33. Progress in implementing comprehensive, integrated services has been limited. Continuing non-integration of primary health-care services places an exceptional burden on women in meeting their diverse needs and those of their children. It also leads to duplication of infrastructural, management, information and other systems. Issues related to sexuality, critical to sexual and reproductive health, have often been absent or diluted in the services that do exist. Economic conditions and poor health-care infrastructure in many countries continue to obstruct access to services. Barriers to services include distance, lack of information on the availability and cost of services and the poor attitude of

providers. The shortage of appropriately trained staff has been an obstacle to developing and implementing training programmes.

34. Ensuring adolescent sexual and reproductive health and improving the life opportunities for both boys and girls equally will require much greater investments. As yet, few Governments have developed comprehensive strategies for investing in adolescent reproductive health. Also, overall progress in the area of male involvement has been limited. Likewise, until recently, reproductive health was not considered a priority in the provision of health services in emergency situations. However, the ICPD Programme of Action recognizes the need to ensure reproductive health care and rights in such situations. To help in making reproductive health services more available in emergency situations, in 1995 the Fund helped develop a minimum initial service package (MISP), consisting of essential drugs, supplies and basic surgical equipment. However, the availability of emergency health personel skilled in reproductive health information and services remains limited.

35. Greater awareness of the risks of maternal mortality and morbidity exists than ever before due to the momentum created by the Safe Motherhood Initiative (SMI). Interventions in maternal health are among the most cost-effective in the health care sector. A key challenge, however, remains: the alteration of existing health facilities, logistic systems and training to ensure appropriate and effective partum and post-partum care. Another constraint to overcome is the social barriers to access to such services. In order to provide adequate reproductive health to all by 2015, as envisioned in the Programme of Action, greatly increased training and support for service providers is necessary, and they continue to be insufficient, especially in such activities as the provision of information and communication and of counselling.

36. Sexually transmitted diseases (STDs) and, especially, HIV/AIDS are enormous challenges to human development. The technology for HIV/AIDS prevention and control is still inadequate. A vaccine is not yet available. However, one important accomplishment in recent years has been the development of the female condom, the only female-controlled barrier method that can protect against HIV transmission.

Empowerment of women both as a highly important end in itself and as a key for improving the quality of life for everyone, and the provision of universal access to education, especially for girls.

37. The main constraint in attaining the gender goals of the Programme of Action has been the difficulty associated with operationalizing concepts related to gender equality, equity and empowerment of women in various social, cultural and political contexts. The integration of these concerns in a number of planning and programming processes has been slowed because of the absence of a consensus on what they mean. This problem is closely linked, in many countries, to the absence of research that would help in establishing clear operational definitions of the concepts

involved. Most available data are based on quantitative methodologies and statistical analyses of only a few variables. Even in those countries where conceptual issues have been resolved, action plans have not always been accompanied by the necessary resource allocations, constraining the extent to which such plans can be effectively implemented.

38. The persistence of traditional religious and cultural attitudes and practices, such as female genital mutilation (FGM), impacts negatively on the reproductive and sexual health of women and girls. Nor have all advances in technology been beneficial. For example, the information gap between gender remains stark, and the distribution of new information and communication technologies has been even less equal. Efforts to improve the education of the girl child is constrained at two levels: at the macro level, there is an overall scarcity of resources for the educational sector. This has been compounded by an often weak political will to invest in the education of the girl child. At the micro level, cultural attitudes still result in greater family investment in the education of boys as opposed to girls.

39. Another little-noticed constraint is that the increasing privatization of many social services in different countries of the world has often had greater impact on women than on men. With regard to health, the declining role of the state is introducing inequities in access to health because of the increased cost of private-sector health provision. This means that it is the poor, a large proportion of whom are women, who are shut off from access to health services. They also continue to shoulder more of the health burden accruing to families who can no longer afford hospitals, forcing the ill to be looked after at home, often by women.

40. Another factor with gender implications is the globalization of the world economy, which has sometimes led to the incorporation of women into industrial work characterized by lower wages, poor working conditions, and absence of workers' rights, including collective bargaining and maternity leave.

Increased partnership and collaboration

41. Almost five years after Cairo, changing development paradigms are continuing to shift the roles of government, civil society and the international community. Partnership has emerged as a basic element to support and advance the Programme of Action implementation process. It is clear that Governments alone cannot manage to provide the services needed to meet the basic human and social needs and aspirations of their citizens. NGOs were genuine partners in framing the Programme of Action agreements and are now partners in its implementation. Effective and empowered women's movements and other mass movements are proving to be effective in ensuring progress in policy development and implementation in many parts of the world.

42. There are several illustrations of growing partnership among the members of the United Nations system, Governments and NGOs.

(a) United Nations agencies have been working closely in tracking progress in reducing child and maternal mortality; UNFPA has collaborated closely with WHO and UNICEF in finalizing the Guidelines for Monitoring the Availability and Use of Obstetric Services issued by UNICEF;

(b) UNFPA, WHO and some other United Nations partners have worked closely in developing a core set of reproductive health indicators and methodologies for generating and analysing reproductive health information;

(c) WHO, UNICEF and UNFPA, recent partners in the Coordinating Committee on Health (CCH), are working on various initiatives together in the area of reproductive health;

(d) WHO, UNICEF, UNFPA, the World Bank and two NGOs -- the International Planned Parenthood Federation (IPPF) and The Population Council -- have co-sponsored the Safe Motherhood Initiative focusing on five key areas of action: advocacy; epidemiological, social and operational research; information dissemination; human resource development; and health service improvement measures in numerous countries;

(e) In the area of adolescent reproductive health, UNFPA, UNICEF and WHO have developed a common agenda for action and support through the WHO Adolescents' Health and Development (AHD) programme, which seeks to use and expand the available knowledge base to achieve effective and sustainable programmes;

(f) UNFPA, UNICEF and WHO are taking concerted action to support policies and programmes to bring an end to the practice of FGM; a UNFPA-supported consultation in Ethiopia in 1995 helped set further strategies for combating the practice, while a UNFPA- funded project in Uganda resulted in a 39 per cent drop in FGM in less than one year;

(g) UNFPA is a partner along with UNDP, UNESCO, UNICEF, WHO and the World Bank in UNAIDS, which is strengthening the capacity of the United Nations system to work with Governments to respond to the HIV/AIDS epidemic;

(h) In order to strengthen partnerships in providing reproductive health care in emergency situations, UNFPA has signed agreements with a number of organizations active in the emergency field, including UNHCR, the International Organization for Migration; and the International Federation of Red Cross and Red Crescent Societies (IFRC). Such collaboration has been

instrumental in developing strategies and programmes to provide reproductive health information and services for women, men, youth and adolescents and to combat sexual violence;

(i) The Basic Social Services for All Task Force has provided coordinated support to the Resident Coordinator system in assisting developing countries in implementing policies and programmes for achieving the goals of international conferences of the 1990s by, for example, developing guidelines and indicators; producing a wall chart outlining guidelines on key areas of the Programme of Action; preparing a report on lessons learned and best practices, an advocacy card and a compendium on international commitments relevant to eradicating poverty; and promoting social integration.

Increased resource allocation

43. If the ICPD goals are to be achieved, efforts to meet the funding levels specified in the Programme of Action will have to be intensified. Many countries have made impressive strides in realigning domestic budgets to address the ICPD goals of improving the accessibility and quality of reproductive health programmes, reducing mortality and increasing attention to related social sectors. However, financial crises are affecting the ability of many countries, especially developing countries and countries in transition, to maintain their initial momentum.

C. Social Summit follow-up

44. UNFPA participated actively in the Hanoi meeting on the 20/20 Initiative and took part in its consensus agreement. Future steps that were identified in Hanoi related mostly to process issues, establishing partnerships between stakeholders, assembling data on public expenditure and the flows of ODA, assessing the impact of economic turmoil, promoting debt exchange for investment in basic social services and institutionalizing the follow-ups to the initiative within the United Nations legislative and review machinery.

45. The meeting underlined that the goal of universal access to basic social services was based on ethical, legal and economic grounds. The meeting reiterated the need for greater investment in basic social services. The Hanoi meeting was particularly concerned with the debt and economic crises. UNFPA's contribution to the work of the ACC on Basic Social Services for All was stressed at the meeting. UNFPA will follow the issue closely in the context of the follow-up to the Social Summit.

D. Human rights

46. UNFPA participated fully in the human rights activities that took place in 1998 in connection with the five-year anniversary of the Vienna Declaration and Programme of Action (VDPA+5). In

particular, the Fund continued its support for the rights-based approach of the review process which specifically mentioned that "the rights-based approach recognizes that every woman has the right to access to reproductive health services". UNFPA participates in the sub-group on human rights of the UNDG. This group is focusing attention, inter alia, on the implementation of the right to development. The Fund works closely with the Human Rights Treaty Bodies, particularly the Committee for the Elimination of All Forms of Discrimination Against Women (CEDAW). As a follow-up to the Vienna, Beijing and Cairo conferences, UNFPA is continuing to work with treaty bodies on reproductive and sexual rights. As the Chair of the Basic Social Services for All Task Force, UNFPA ensured that the work of the group took place within a human-rights framework and that the linkage between human rights and access to basic social services was emphasized.

47. The Fund continues to implement the VDPA in its policies and programmes. In its programming, UNFPA seeks to enhance national capacities to promote and protect human rights by supporting the work of Governments and civil society groups, particularly NGOs. In several countries, UNFPA is providing assistance to strengthen legal systems to ensure the promotion and enforcement of statutes to protect human rights. In a number of countries, the Fund is supporting activities to educate sometimes disenfranchised groups about their reproductive rights as well as the civil and political rights to which they are entitled. UNFPA supports a wide range of activities addressing the elimination of gender-based violence. It has provided assistance to train judiciary and law enforcement personnel on how to deal with gender-based violence. UNFPA has sponsored advocacy efforts in a number of countries to eliminate FGM and other harmful traditional practices against women. Together with WHO and UNICEF, UNFPA has issued a joint statement on elimination of FGM and co-sponsored a workshop on FGM with the Commission on the Status of Women (CSW) in March 1998.

48. UNFPA carries out its programming in the area of population and development in the context of the right to development and, within its mandate, the eradication of poverty. UNFPA has recently concluded a study on the effects of the financial and economic crisis on population and reproductive health in four Asian countries; the study pays particular attention to the impact of the crisis on the situation of women.

49. The course of the ICPD+5 review has highlighted many aspects in which human rights issues impinge on the implementation of the Programme of Action, e.g., the capacity of civil society to respond to human rights concerns and the delivery of reproductive health services in emergency situations as a means of protecting the human rights of refugees, migrants and asylum seekers. Constraints on ensuring the human rights of these populations include social factors that militate against recognizing the rights of vulnerable populations, especially women.

E. Bretton Woods Institutions

50. In his reform report, the Secretary-General has called for "an appropriate distribution of responsibilities between the World Bank Group and the United Nations for the benefit of programme countries. This should take the form of a functional rationalization in a complementary and cooperative manner between the work of the United Nations and the World Bank." The United Nations and the World Bank are currently focusing their cooperation efforts in three areas -- knowledge networks, capacity building and technical assistance, and the interface between the UNDAF and the Bank's Country Assistance Strategy (CAS) exercises. UNFPA is committed to strengthening cooperation with the Bretton Woods Institutions, and this is high on the agenda of the Fund.

51. UNFPA and the Bretton Woods Institutions enjoy a strong collaborative relationship. During the past year, there has been increasing collaboration between UNFPA and the World Bank, both at the headquarters and field levels. For example, when UNFPA Country Representatives come to headquarters, provision is made for them to visit the World Bank to discuss programme issues at the country level. In the field, UNFPA Representatives are to actively pursue closer consultation and collaboration with the World Bank.

52. Consultation between UNFPA's geographic divisions and their regional counterparts in the World Bank takes place on a regular basis. For example, in November 1998, the Africa Division of UNFPA and the Africa Region of the World Bank held a consultation at World Bank headquarters to share information on recent or upcoming activities and to identify countries for concrete, collaborative UNFPA-World Bank activities. The participants selected Cote d'Ivoire, Guinea and Uganda as priority countries for concerted collaboration between the two organizations. They also identified three priority issues for collaboration: maternal mortality reduction, adolescent reproductive health, and HIV/AIDS. The two groups agreed to strengthen collaboration in these areas by improving the use of communications technologies; enhancing and sharing databases, including indicators; collaborating on financing censuses; sharing knowledge on thematic issues; carrying out extended missions to share technical capacity; maintaining contact between the Bank and the UNFPA country support teams; harmonizing, to the extent possible, World Bank Country Assessment Strategies and UNFPA Country Population Assessments; increasing technical discussions, including on procurement, at the headquarters level; exploring field-level collaboration, in such areas as financing the development of health infrastructure; and concentrating on capacity building, sustainability and health-sector reform.

53. In terms of common initiatives, UNFPA and the World Bank work closely together in a number of activities (e.g., Global Initiative on Contraceptive Requirements and Logistics Management; Partners in Population and Development). The World Bank has invited UNFPA to be a co-sponsor

of the World Bank Training Program on Population and Operationalizing Reproductive Health. To date, modules have been held in Bangladesh and Kenya and additional ones are planned during 1999. UNFPA has supported a number of developing country participants to attend these training sessions. Moreover, the World Bank and the International Monetary Fund actively participated in the BSSA Task Force and both are actively involved in the ICPD+5 review process.

54. UNFPA actively participates in the World Bank Human Development Week (HD Week). This event provides a forum for Bank staff, both field and headquarters, as well as for representatives of various organizations active in the area of population and development, to come together to share experiences and common learning about work in social sector. This year's HD Week offers a module on Health, Nutrition and Population, which examines, among other things, health promotion; equity and health-sector reform; adolescent health; and poverty, equity and health.

55. In January 1999, the Fund participated in a regional meeting in Bangkok, Thailand, on Social Issues arising from the East Asia Crisis. The meeting, organized by the World Bank, was attended by more than 200 senior-level delegates. The aims of the meeting were: (a) to try to get a deeper understanding of the social impact of the crisis; (b) to identify new initiatives to advance social development; and (c) to consider issues related to operational coordination and partnerships. UNFPA participated in the plenary discussion as well as in the Working Group on Maintaining Basic Social Services. The Working Group addressed such issues as contents of basic social services; the impact of crises on social services and the nature of response; the effective targeting of interventions; maintaining and improving the funding of social services; and the importance of effective partnerships in designing and implementing social services.

III. FOLLOW-UP TO SPECIAL ECONOMIC, HUMANITARIAN AND DISASTER RELIEF ASSISTANCE: AGREED CONCLUSIONS

56. The mandate of UNFPA is to provide support to ensure that women, men, couples and young people have access to and receive quality reproductive health care. Since 1994, UNFPA has been increasingly responding to the reproductive health needs of populations in conflict and other crisis situations, including refugees and internally displaced persons, and has sought to focus international attention on the issue of reproductive health and rights in emergency situations. At the first inter-agency symposium on reproductive health in refugee situations, organized by UNFPA together with UNHCR and in collaboration with UNICEF and WHO in June 1995, more than 50 humanitarian agencies including members of the United Nations system and NGOs attended. It resulted in two important developments -- the creation of the Inter-Agency Working Group (IAWG) on reproductive health in refugee situations and production of "An Inter-Agency Manual on Reproductive Health in Refugee Situations". The dissemination of the latter has helped UNFPA country offices strengthen the implementation of reproductive health activities in emergency situations. Indeed, the Fund has

supported such projects in over 20 countries in conflict or post-conflict situations. The symposium also defined the minimum initial services package (MISP) for delivering health services in emergencies.

57. UNFPA's frontline experience is relatively recent, and the Fund continues its tradition of close inter-agency collaboration with all United Nations partners both in the field as well as in headquarters in the context of the Secretary-General's reform proposals in the UNDG. UNFPA works with the Office for the Coordination of Humanitarian Affairs (OCHA) and collaborates closely with the activities of both OCHA and the Inter-Agency Standing Committee. In the field, for example in Eritrea, UNFPA has served on the OCHA-led needs assessment team and provided the population framework for developing a multisectoral United Nations inter-agency humanitarian appeal. In several other cases, UNFPA has provided emergency reproductive health kits, other reproductive health supplies and training to serve displaced populations in border conflict areas as well as for refugees. UNFPA has also been supporting the broader United Nations inter-agency humanitarian assistance efforts through provision of expertise in documenting the demographic aspects of such crises. In this regard, the Fund has provided technical and financial support for the collection and analysis of socio-economic data on incoming refugees and forced migrants, particularly women. The recent agreements with the United Nations High Commissioner for Refugees in June 1995, the International Organization for Migration in December 1996 and the International Federation of the Red Cross and Red Crescent Societies in July 1998 have served to formalize the ongoing collaboration in the field.

58. Constraints to the effectiveness and timeliness of UNFPA's interventions in emergency situations are both programmatic and financial/administrative. The procedures established for the development, approval and adoption of regular country programmes and their concomitant projects, the financial mechanisms for budget revisions, normal procurement procedures, and the monitoring and evaluation systems set in place for regular programmes are not conducive to the flexibility and rapid-response reactions required in emergency situations. The Fund is working to see how current systems can be adopted to make rapid response more feasible.

IV. RECOMMENDATION

59. The Executive Board may wish to take note of the present report and transmit it, with its comments, to the Economic and Social Council.

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